

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 800 550

FILING DATE
03-07-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓		✓	
2		✓		✓		✓
3		✓		✓		✓
4		✓		✓		✓
5		✓		✓		✓
6		✓		✓		✓
7		✓		✓		✓
8		✓		✓		✓
9		✓		✓		✓
10		✓		✓		✓
11		✓		✓		✓
12	✓		✓		✓	
13		✓		✓		✓
14		✓		✓		✓
15	✓		✓		✓	
16		✓		✓		✓
17	✓		✓		✓	
18		✓		✓		✓
19	✓		✓		✓	
20		✓		✓		✓
21		✓		✓		✓
22		✓		✓		✓
23		✓		✓		✓
24	✓		✓		✓	
25		✓		✓		✓
26		✓		✓		✓
27	✓		✓		✓	
28		✓		✓		✓
29		✓		✓		✓
30		✓		✓		✓
31		✓		✓		✓
32	✓		✓		✓	
33		✓		✓		✓
34		✓		✓		✓
35		✓		✓		✓
36		✓		✓		✓
37	✓		✓		✓	
38		✓		✓		✓
39		✓		✓		✓
40		✓		✓		✓
41	✓		✓		✓	
42	✓		✓		✓	
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11		11		16	
TOTAL DEP.	31		31		26	
TOTAL CLAIMS	42		42		42	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS